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ABSTRACT

This paper stresses the need for sex education in the schools, to complement what may be learned in the home or church. Due to negative community pressure, the youth service field has often hesitated to introduce such programs. Evidence is presented that there may be less opposition to sex education programs for the handicapped. An attempt to introduce such a program in one community is described. The importance of setting up a coalition of community leaders and agencies to support the schools and teachers against attack is emphasized. Objections and questions are answered, and excerpts from relevant studies and articles are included in the appendix. Brief descriptions are given of programs in other communities which have contributed to developing community acceptance of sex education in the schools. (Author/MFD)

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Developing Community Acceptance of Sex Education

Medora S. Bass, M.A.

Paper prepared for the Round Table discussion for the Annual Meeting of the National Council on Family Relations, San Diego, October 12, 1977.

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Abstract

Many professionals, and concerned citizens and others working in the field of youth services are aware of the need of sex education in the schools to complement what may or may not be given in the home and in the churches. They are hesitant to introduce programs because of possible opposition from parents and the community. This paper presents some evidence that there may be less opposition ~~from~~ to sex education programs for the handicapped. An attempt to introduce a program in one community is described. Some of the objections and questions are answered, and excerpts from the relevant studies and articles are included in the appendix. Brief descriptions are given of programs in other communities which have contributed to developing community acceptance of sex education in the schools. The importance of setting up a coalition of community leaders and agencies to support the schools and teachers against attack was stressed.

Developing Community Acceptance of Sex Education

Most of us working in the field of family relations and youth services are aware that young people need the schools to supplement the sex education which may or may not have been given in the home or by the church. We recognize that ideally sex education should be given by the parents but the evidence indicates young people are not receiving the information they need and want. Reichelt (1977) reports on a study showing only 11 percent of those coming to the Planned Parenthood clinic knew as much as they wanted to know, only half of the high schools teach about population, and only half of these include birth control, and even in these schools it reaches only 11.4 percent of the students.

Despite the assessed need, many teachers and professionals are hesitant to initiate programs for fear of the opposition from parents and the community. Some excellent programs which had been operating for several years were discontinued because of the opposition of a small group of well organized and vocal conservatives. (Breasted, 1970)

Clawar (1977) differentiates resistance from the more active opposition among political constituencies and stresses the importance of identifying community groups which are able to mobilize support for their goals. He wrote, the development of a sound sex education program depends on "the ability to integrate diverse community perspectives around a common focus."

My experience (Bass, 1964, 1967) indicates that the focus of promoting the sexual rights and responsibilities of the mentally retarded as a means of enabling them to live a more normal life, can mobilize the support of several community groups which are strong politically; and the opposition of conservative groups, who are concerned about rising welfare costs, may be lessened by the possibility that helping the retarded understand how to handle their sexuality in socially acceptable ways may prevent the births of babies to parents who are unable to provide adequate care.

Parents of mentally retarded children have developed political skills as a result of lobbying for special education classes in the schools. They have been referred to as "mountain movers." They may be able to mobilize support for sex education because they feel it is more difficult to talk to retarded children about sex; many feel ineffective in dealing with questions of dating, marriage and parenthood and want professional help (Hammer et al. 1967, Goodman et al. 1971, Turchin, 1974). These parents have many conflicting feelings and anxieties about their retarded children. They realize these children are vulnerable to sexual exploitation, that many are confused about sex, but parents also fear that information about sex may stimulate sexual behavior, and it may be that their child is not interested in sexual intercourse and is so well supervised that they do not need it. Some parents realize that sex education may reduce feelings of guilt and enhance self esteem, and that

knowledge of birth control may enable their child to marry.

Groups working for the prevention of birth defects, such as the American Association on Mental Deficiency, the Associations for Retarded Citizens, the March of Dimes, associations for the deaf (Ranier & Deming, 1963) and the blind (Karpen & Lipke, 1974) and groups working to prevent child neglect and abuse have a concern to make education for responsible sexuality available in the schools.

There is some evidence that conservative communities have been more receptive to sex education for the retarded than for the regular students, and these programs may open the way for more extensive programs.

Approximately 15 years ago a study of illegitimacy in Baltimore found retarded girls 11 and 12 years old dropping out of school pregnant not knowing "how they got that way." The special education teachers and the administrators set up a program to teach social skills and sexual responsibility, and soon the parents of children in the regular classes were demanding it for their children. In 1977 the Arizona Board of Education was very restrictive concerning sex education programs in the regular classes but were receptive of them for the retarded students.

CONSERVATIVE OPPOSITION

Some facts that have impact on the conservatives in helping them to see the need for sex education are:

.Approximately 95 percent of the retarded live in the community and the trend to normalization is providing more opportunities for young people to meet, socialize, and fall in love.

.The retarded are normal sexually, except for the more severely and profoundly retarded; on the average, 50 percent marry, and approximately 64 percent of the marriages are satisfactory when there are no children or only one child (Shaw and Wright, 1960).

.Forty percent of the children of two retarded parents were retarded due to environment and heredity according to the Reed and Reed study (1965) of 82,000 cases and including 7 generations; the probability of two retarded parents having a retarded child is 80 times as great as for parents whose siblings are not retarded. According to the Milwaukee study (Garber, 1975) the retarded mothers were 14 times more likely to have a retarded child than were the controls from the same neighborhood and same socio-economic level. Studies find 25-60 percent of their children are removed because of neglect (Mattinson, 1973, Scally, 1973), 19% died before age 2 (Reed and Reed, p. 18). Other studies show the death rates 7 to 20 percent (Bass, 1963).

.The delinquency rate is four times higher (Glueck and Glueck) 1950).

.A major cause of institutionalization of women over 14 years of age is unacceptable sexual behavior and the threat of pregnancy (Begab, 1970), and a lifetime in an institution costs the taxpayers approximately one million dollars.

RELIGIOUS OPPOSITION

A recent study (Westoff and Jones, 1977) finds almost no difference between the use of contraceptive methods between Catholics and non-Catholics as the proportion of Catholics using rhythm decreased and those using the pill and sterilization increased. Now some of the best sex education is being done in the parochial schools, and the parents are less concerned about values being changed when it is being taught by nuns (Clawar, 1977). A strong argument in favor of birth control information and services for the retarded is that the only alternative may be institutionalization. Currently some of the liberal Catholic priests are even recommending voluntary sterilization for those unable to use the temporary methods of birth control (McCormick, 1975).

For those concerned with the religious opposition to abortion and the discontinuing of Medicaid payments for abortion for poor women, support for abortion may come from parents of a handicapped child who risks having another baby and may want to have the option of amniocentesis followed by abortion if the fetus is diagnosed as abnormal.

GROUPS SUPPORTING PREVENTION

In the 1970's the interest in the prevention of mental deficiency has received increasing attention. The President's Task Force on the Mentally Handicapped (1970) emphasized that birth defects and mongolism could be reduced by one half by a broad program of birth control information and service and made as their first substantive recommendation "increased availability of information about birth control, birth control measures, voluntary sterilization and abortion"

(Matasunaga (1966) and Kemp (1957) estimate that 50 percent of retardation in Japan and Denmark (1975) was prevented by such a program.)

The presidential address to the annual meeting of the Association on Mental Deficiency (Begab 1974) stressed that the single most effective method of prevention was birth control for potential parents who were at high risk of having a defective child. The 1975 report of the President's Committee on Mental Retardation emphasized "the right to be well born" and the fact that parents above all want their children to be whole and without defect. It stressed the importance of genetic screening and counseling, prenatal diagnosis and selective use of amniocentesis and abortion and stated, "Financial, administrative and social barriers to this end must be removed." And it called for a national educational effort to support planned pregnancies.

Health educators in the schools have found that girls know more of birth defects than do boys and that those who know least are the Mexican-American males; they recommend an effort to reorient the males concept of his sex role to one of greater responsibility to prevent birth defects (Decker & Caelano, 1977).

There are many different community groups whose goals focus on the need for more adequate sex education and which might accomplish much if they worked together.

ONE EXAMPLE OF PROMOTING SEX EDUCATION WITH EMPHASIS ON RETARDATION

In 1976 the Santa Barbara School Board approved of specific concepts of sex education to be taught in the schools. These concepts had been developed by a district-wide committee and were the result of five years of patient work behind the scenes. Perhaps the steps we took may serve as a guide for others:

My first contact was to ask a member of a group of parents of retarded children whether I could attend their meeting and bring some books on family life education. These were non-threatening ones: the University of Iowa, Curriculum on Social and Sexual Development (1971), Ann Patullo's Puberty in the Girl who is Retarded, The Wonderful Story of How You Were Born (Gruenberg, 1959), the slides, How Babies Are Made and the Houston Association for Retarded Citizens' film strip on Teaching Good Behavior and Personal Hygiene (Harris Co.), and a few other items. This led to teacher and staff support and to training sessions with interested teachers, where I sometimes showed the film Parent to Child About Sex, which is not

specifically for the retarded but is good for desensitization and illustrating how attitudes about sex are formed early in life. It soon became evident that there were many individuals interested and willing to work to develop a coalition or council with the goal of promoting sex education and protecting the teachers if they were attacked. We had a small nucleus of a public health worker, a special education administrator, a psychologist, a principal, a school nurse, a teacher, a community leader with many contacts and a few others.

The first step was to find out what was already being taught in the schools. The administrators said it differed from school to school depending on the principal and the availability of a qualified teacher. The superintendent would sponsor the survey if we were willing to undertake it. A questionnaire was developed and sent to all the principals and to the special education teachers asking what was being taught in each grade and how important they considered sex education was for the welfare of their students. The results showed that most rated sex education as "important" or "very important" while almost nothing was being taught in most schools especially for the retarded. We proceeded quietly and factually with a carefully worded statement of purpose based on the Interfaith Statement on Sex Education (1968) and the American Psychiatric Association Position Statement (1969) which we sent to all allied agencies in the community asking them to endorse the statement and to appoint a representative to the Council. Planned Parenthood took the lead but

remained in the background for political reasons and we soon had the cooperation of some clergymen, key community leaders, and representatives from the Department of Health, Mental Health, Family Service, the Association of University Women, the Junior League, the PTA and others. The Santa Barbara Council on Family Life Education was formally set up on a volunteer basis with by-laws and nominal dues to pay for mailings. We met once a month, usually with a representative from the school administration. We raised a small fund for a scholarship to send a school nurse to a summer course of training.

We turned to San Mateo County Schools for advice as they had developed a successful program a few years earlier. They were most helpful in supplying curriculum material. The local school administrators were desirous of improving sex education in the schools and expressed their gratitude for the display of community support. The Student School Board was also helpful, as were the school-age mothers, in drawing up a petition for more relevant sex education.

When the concepts had been developed and were presented to a meeting of the School Board, they were attacked strongly by a group of parents and others. However, the Council had organized several articulate community leaders to defend the program and it was adopted without too much difficulty. If the Council had not been active the program would probably have been defeated. I cannot stress too strongly the importance of having a coalition of influential and dedicated individuals representing the power structure and the helping professions.

Concurrently with supporting the schools we organized panels and training programs for parents and staff working with the retarded, using the newer materials which have been developed, especially the film strip Sexuality and Mental Retardation based on the booklet, Love, Sex and Birth Control for the Mentally Retarded (Kempton et al, 1975), the three films, The ABC of Sex Education for Trainable Persons, The How and What of Sex Education for Educable Persons and Fertility Regulation for the Mentally Handicapped, the English film Like Other People, which had great impact in making the audience aware of the sexual needs of individuals seriously handicapped by cerebral palsy. The books, Sexual Rights and Responsibilities of the Mentally Retarded, (Bass and Gelof, 1975), Sex Education for the Developmentally Disabled, and for training seminars Kempton's Guidelines for Planning a Training Course on the Subject of Human Sexuality and the Retarded and A Teacher's Guide to Sex Education for Persons with Learning Disabilities.

Another project which heightened the community interest in sex education was a survey I made of the school-age mothers for 1973-74 and 1976-77 the purpose of which was to determine how many of the girls were retarded. This made the community more aware that some girls with the mental age of seven and eight year olds were having babies and it attempted to establish a baseline in case the accusation were later made that there had been no pregnant minors before sex education programs were offered. Of the approximately 112

school-age mothers, only one was retarded, in the later survey, five of 184. Since it is estimated that close to three percent of the population is retarded, this indicates illegitimacy is quite similar for the non-retarded and the retarded, and agrees with the Canadian study (Leckie, 1971) which found the retarded young woman was less apt to have her first illegitimate baby but more apt to have a second. I was unable to determine how many of the young mothers were on welfare as there is no breakdown of the welfare list into age categories. I believe the welfare costs would have been meaningful in developing community acceptance of sex education but because of the many variables it is most difficult to determine whether there is a casual relationship. There is some evidence that some sex education programs may be associated with a reduction in illegitimacy (Levine, 1967, Dial, 1968).

An attempt was made to have a professor of sociology or political science involve his students in making a survey to determine whether residents of Santa Barbara would be more receptive of sex education for the retarded than for the normal. This did not materialize but the preliminary questionnaire is available upon request.

It is difficult to measure the progress the Council on Family Life Education has made with sex education in the schools. The California State Board of Education has mandated health education including V.D. but sex education is left up to the individual principals, and the teaching depends largely on the motivation

and training of individual teachers. In one high school with a well qualified teacher, there is an excellent program which might well have been discontinued but for the support of our Council, as it was seriously attacked for bringing a homosexual into the classroom to talk with the students.

Some progress in programs for the retarded resulted from the training sessions. One of the trainees has asked to set up a program in the large Catholic institution for retarded girls, which recently admitted young men. There are also courses in the two sheltered workshops and one counselor is talking informally to the young retarded men and women in the independent living program. At a meeting of parents of moderately retarded children, we asked the audience of about 100 persons how many would be in favor of introducing sex education into the school; all but two raised their hands.

Some of these programs support Clawar's findings that there is less resistance to courses taught in a Catholic setting and to those who have passed puberty whose potential pregnancy poses a risk to the community. It is to be hoped that when these programs are more widely accepted there may follow appropriate sex education at an earlier age when children have a natural healthy curiosity and when it is easier for parents to talk about sexuality in non-behavioral, non-genital terms.

SOME MYTHS AND QUESTIONS BLOCKING ACCEPTANCE

Some misconceptions and doubts often raised by parents and others opposed to sex education in the schools can best be answered by inviting them to attend a session in the school, with their children. There are some answers and some materials that I have found help to develop more favorable attitudes:

."Most sex education is about intercourse."

A good answer to this is to ask them to define sex and to read and hand out the broad goals of an appropriate sex education program, such as those given by Kirkendall and Osborne (1969).

."Sex education will develop an unhealthy curiosity and will encourage children to experiment."

Almost all children have a natural, normal curiosity about sex and already have more information and misinformation than we think. Rubin and Kirkendall (1968) found less curiosity among children who had been taught in school, and found more "unhealthy curiosity" among those taught by their peers.

."My child is not interested in sex. He never asks about it."

Most children's parents are not "askable" and children soon learn that sex is something you do not talk about with parents. I often hand out the questions asked by retarded children to emphasize that all children have questions - even the retarded. Teach Us What We Want to Know (Byler, 1969) has questions asked at different grade levels.

."Sex education programs in the schools have increased promiscuity. In our day we did not have sex education in the schools and we got along all right."

Our sex oriented society puts much greater pressures on today's children and provides many more temptations and opportunities for sexual expression. With the many factors involved, it is most difficult to measure the relationship between sex education and more mature and responsible sexual behavior, however, the Levine study (1967) indicated that there was a decrease in illegitimacy and V.D. in the school that had sex education, while there was an increase in the control school which had no such program.

."Sex education will change my child's values about right and wrong."

This is a widespread and deep-seated fear which may require the active participation of the churches to dispell. Discussion along the lines of the SIECUS Study Guide #10 may help to point out the need for tolerance of different values in a pluralistic, changing society and the need to concentrate on the more universal values of truth, respect, the right of self determination and the need for cooperative effort for the common good. Values clarification programs offer hope with this opposition. A demonstration of one of the exercises with a group may be most effective.

."Informing a young woman or man about birth control will be tantamount to giving permission for free sex."

This question is handled well by Wagner stressing responsible decision making, the consequences of bringing an unwanted child into the world and the parents' hopes and prayers that they will postpone pregnancy until they are emotionally mature.

My experience has shown these answers to have been meaningful to many parents who had sincere doubts about sex education, so I include them in the appendix.

SOME SUCCESSFUL SEXUALITY PROGRAMS WHICH HAVE FOCUSED ON CONCERNS OF INFLUENTIAL COMMUNITY GROUPS:

For the retarded:

.A nurse was asked to arrange an abortion for a woman recently released from an institution. She refused unless she would be allowed to offer a sex education program to all those about to be released. This course was so popular it was soon extended to all residents.

.One counselor asked the parents permission to counsel their son about his fears concerning homosexuality. He soon had a large group and wrote an excellent guide (Blue, 1974).

.Young women in a half-way house were too frightened to go for Pap tests. Planned Parenthood organized a course including some sex education and prepared them to accept the pelvic examination.

.A nursery school program on the campus of a junior and senior high school, where all older students were required to work, and play, with the pre-schoolers under the supervision of teachers who were "askable" and aware that both groups had a healthy curiosity about their sexual identity.

.Parenthood Training and Home Start programs which served as a springboard for discussions of sexuality.

.Rap sessions after school where school-age mothers were invited to share their problems of being a teen-age parent.

.The showing of the film, Like Other People, to a mixed group of Human Relations students and physically handicapped young adults in an institution. This developed much greater understanding and acceptance of the sexual needs of the handicapped.

.A session on heredity in a health education class, including the film Human Heredity.

.A joint meeting of local and school librarians to display books on sexuality in the school and in the library.

.Lobbying to have a university include training in human sexuality in teacher training.

.Lobbying at the state level to have training in sexuality required for the licensing of social workers, clinical psychologists, etc., as California has done recently.

.Six states legislatures and the District of Columbia have mandated the teaching of family life education in the health courses in the schools, but one of these, Michigan

forbids the teaching of birth control - and Louisiana forbids all sex education in the schools.

.The Florida Medical Association passed a resolution recommending to the legislature that all persons about to be released from a state hospital, whether for mental health, tuberculosis or retardation, and all those being released from prison or parole be offered sex education and family planning services, with the right to refuse, on the basis that "they were not prepared to assume the responsibilities of conceiving a new life until their full recovery is assured or they have re-established stable lives." Resolutions from other prestigious groups could mobilize support.

.Citizens and professional groups have exerted pressure to remove laws forbidding marriage for the retarded.

.One of the most daring and most practical actions was a black school board in Washington, D.C., which established a birth control clinic in the school building. (Lowe, 1977)

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Resources in Text

Books and Booklets:

Blacklidge, V. Sexual Behavior of the Mentally Retarded, Alameda County Mental Retardation Service, 1971.

Fischer, H. L., Krajicek, M. J., Borthick, W. A. Sex Education for the Developmentally Disabled, University Park Press, Baltimore, Md.

Gruenberg, S. M. The Wonderful Story of How You Were Born, New York Garden City Books, 1959.

Kempton, W., Bass, M. S., Gordon, S. Love, Sex and Birth Control for the Mentally Retarded, Planned Parenthood, 1971.

Kempton, W. A Teacher's Guide to Sex Education for Persons with Learning Disabilities that Hinder Learning, North Scituate, Mass., Duxbury Press, 1975.

Patullo, A. Puberty for the Girl Who Is Retarded, National Association for Retarded Citizens, Arlington, Texas.

University of Iowa, Social and Sexual Development: A Guide for Teachers of the Handicapped, Department Public Instruction, Iowa City, Iowa, 1971.

Audio Visual Aids:

Slides and Filmstrips:

How Babies Are Made, slides with book, General Learning Corp., 3 East 54th Street, New York.

Mental Retardation and Sexuality, film strip, Planned Parenthood.

Teaching Good Behavior and Personal Hygiene, film strip. Harris Co. Assoc. for the Retarded, Houston, Texas.

Developing Community Acceptance of Sex Education

Resources in Text

Films:

ABC - The ABC of Sex Education for Trainable Persons.
The How and What of Sex Education for Educable Persons.
Fertility Regulation for Persons with Learning Disabilities.
Hallmark Films, 1511 E. North Avenue, Baltimore, Md. 21213.
Slides, posters and cassettes based on above films available from Hallmark.

Like Other People, Perennial Education, Inc., 1825 Willow Road, Northfield, Ill. 60093.

Parent to Child About Sex. Perennial Education Inc., as above.

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Questions Asked Most Frequently by Moderately Retarded Students *

Why wont parents talk to us about sex? Do they think it's dirty?

How do you not have baby?

I want husband - Bobby is 13 - I will marry him?

What is pregnant?

How can a baby grow?

How much can a baby weigh?

How it grow? (in uterus)

How mama has baby?

Will it hurt to pull him out?

I get cramps? Why?

How many pads?

I change pants?

How about a bath - I dont do that?

How about shower?

Shaving hair off between legs?

Dating

Homosexual advances and behavior

Prostitutes

How to attract the boys?

Diseases - probably V. D.

Why do boys want girls?

We wont girls have intercourse with me/us

Why cant I date?

Masturbation

Why dont the girls like me?

Problem of boys pushing them into sexual activities

Problem of girls not being able to make good judgements about sex

Problem of mother and retarded daughter hitting the bars each week for pick-ups

* Gayle Dale, Flint Community School, 800 W. Sixth St. Flint, Mich.

Sex in the Childhood Years - Rubin & Kirkendall, Assoc. Press, 1968

p. 35. The ignorance of four-, five-, and six-year old children may appear very cute to some adults, but actually it is a perilous state. The evil results may not show until adolescence.

The important thing is that the child grasp that everything can be talked about.

Does Sex Education Arouse Unwholesome Curiosity? Chapter by Kirkendall p. 30.

The key is how it is given. Study of 180 boys who checked various sources of sex education and rate as to whether they increased or decreased curiosity, 70 had received sex education from fathers; 65 said it had decreased curiosity, 5 increased. Thirty-six said mothers had given, only 1 thought it increased. Thirty-four mentioned sex education in schools, all but 5 said it lessened curiosity. Every one of 21 who had received sex education in a church setting felt it reduced sexual concerns. In practically every case in which curiosity increased, the boy felt it resulted from evasive and incomplete treatment.

But 118 boys who named friends as a source, 114 reported curiosity increased and built up sex desires. Sex cartoons and sex books had been examined by 127 boys. All but 8 found such material exciting. The way it is given is important.

Sexual curiosity is not undesirable. Curiosity is a strong motivation to learn. Why not use it?

Sex education in the public elementary and high school curriculum. Milton I. Levine, M.D. J. of School Health, XXXVII, 1 Jan. 1967.

The beneficial effects of sex education have been demonstrated in the public schools of Washington, D.C. "Family Life Education" was introduced in the curriculum of 2 senior high schools in 1957-58, in all junior and senior high schools 1958-59 and in all elementary schools in 59-60. In one high school there were 38 cases of gonorrhea in 1957-58. Then sex education was instituted. The next year there were 22 and the following year 16. Another high school did not choose to participate in the program of sex education. In 1957-58 it had 35 cases; the next year the number rose to 40. (The same year the other school decreased 38 to 22.) Realizing that the VD rate was increasing the second school instituted sex education, and the next year the cases dropped from 40 to 22. More evidence: in one junior high there were 38 pregnancies in 1959; after 10 sessions of sex education for boys and girls, average attendance was 108, the next year pregnancies dropped from 38 to 17.

THE SEX EDUCATOR AND MORAL VALUES

SIECUS Study Guide No. 10

This guide discusses the sex educator not in his capacity as a member of a family or as a parent but in his role as a teacher in a democratic and pluralistic society.

A great many of our values dealing with sex - once considered universals to which everybody had to pay unquestioned allegiance - have now become ethical alternatives and allow of individual choice. Christensen points out: "If the problem we are discussing is ever to be resolved it seemingly will be through a discovery of the universals plus agreeing to operate permissively in the area of the alternatives."

Four general values have been identified by this author as the core values in a democratic society: (1) respect for truth as a definable moral value and faith in the free play of critical intelligence; (2) respect for the basic worth, equality, and dignity of each individual; (3) recognition of the need of cooperative effort for the common good; and (4) recognition of the right of self-determination of each individual. These general ethical values apply to sex behavior no less than to other forms of behavior, and they offer a broad general framework that can serve as guidelines for helping to make choices among competing alternatives.

For the teacher, acceptance of truth as a core value would also imply that the effect of all sex practices would be described as objectively and scientifically as possible whether or not the results conformed to the official mores or to a particular social code.

The United States - long a pluralistic society as far as religious beliefs and political parties are concerned - has now become a pluralistic society as far as sex values are concerned.

Since no one at present can see with any certainty what is best sexually in all respects for both the individual and society, it seems best at the present time to follow the counsel of David R. Mace and encourage the open and honest expression of opinion by people of widely differing viewpoints; to create a genuine open forum. No possibility of consensus exists in a country as large and diverse as we are, and it does not seem fruitful to try to attain it.

This is clearly expressed in the INTERFAITH STATEMENT ON SEX EDUCATION, sponsored by the three leading religious groups in the U.S. and released in June 1968. The statement declares:

"Where strong differences of opinion exist on what is right and wrong sexual behavior, objective, informed and dignified discussion of both sides of such questions should be encouraged. However, in such cases, neither the sponsors of an educational program nor the teachers should attempt to give definite answers or to represent their personal moral and religious beliefs as the consensus of the major religions or of society generally."

Schools have been urged by the National Education Association and the American Association of School Administrators to promote general understanding of the values on which science is everywhere based. These groups identified the following values as underlying science: (1) longing to know and understand; (2) questioning of all things; (3) search for data and their meaning; (4) demand for verification; (5) respect for logic; (6) consideration of premises; and (7) consideration of consequences. These principles apply to sex education no less than to other areas.

Excerpts from

SHOULD YOU MAKE CONTRACEPTIVES AVAILABLE
TO YOUR TEEN-AGED CHILD?

Nathaniel N. Wagner, Ph.D.
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I would suggest that the following kind of statement be made to both boys and girls at the time of puberty. Hopefully this kind of statement will have followed an open and honest discussion of the nature of human reproduction so that the basis for a rational discussion about human sexual behavior is present. Specifically, a parent might say something like this: "You are now old enough to have a child -- that is, you are old enough to be a mother or father. We feel very strongly that generally young people under 18, but certainly at 13, 14, 15, or 16 are too young to have a relationship of a sexual nature, including intercourse, and not have it be an overall negative experience. We think in order to have a meaningful sexual experience it is necessary to have more maturity, more knowledge about life, and more emotional stability than is usually found in teenagers, especially those under 18. So we hope, that although you are physiologically capable of entering into a sexual relationship and producing a child, it is something you won't do without a great deal of consideration.

On a practical level, when intercourse is part of a relationship, it moves the relationship quickly and onto an intense and more complex level. That can be good but it also can be very hard to terminate such a relationship or to make it less

involved or less intense. Young people should have lots of relationships and if most of them become intense and complex quickly, they can be painful and hurting when they end. You may not like continuing to pass in the hall at school a former boy friend with whom you have had intercourse, or you may find it very awkward to be on a double date with him or know he is going with a girl friend of yours. So, for these and for other reasons, we would strongly counsel you against premature involvement.

On the other hand, we would like to know that if for some reason you do become sexually involved, we think you should have contraceptive knowledge and supplies available to you. Having an unwanted child in the already over-crowded world is a terrible and thoughtless event. The problem of population is enormous--maybe the greatest human problem. The problem to an individual mother and father of bringing a child into this world that is not wanted and not planned for is equally tragic. Therefore, to prevent the possibility of such an occurrence we want you to know what the pill, the IUD, the condom, the foam and rhythm method are and how effective they each are. We also want you to know that if you need medical assistance, we have talked with Doctor Jones and told him that if you come to him he should help you in any way possible. He won't tell us about it. (It is important for the parents to communicate with Doctor Jones to be sure he will be responsive. Some physicians continue to impose their own social judgments on teenagers and their parents.) You don't need to tell us either, although we are open if you would

like to talk and we would welcome it. We want you also to know about the dangers of venereal disease. We don't want this to be a scare campaign because we think the time when we can control people's behavior through ignorance and fear is gone. We are glad of that. We want you to know about venereal disease, however as a realistic possibility and want you to know how and under what circumstances it is contracted. We want you to know about good hygiene and how to detect early symptoms of venereal disease and how to obtain appropriate treatment, as venereal disease is not a punishment for sexual activity, but unfortunately it is sometimes a consequence.

We hope and pray that you won't become involved before you are ready to deal with it, but if you do become involved, we don't want you to have the misery of venereal disease or the greater misery of an unwanted pregnancy."